



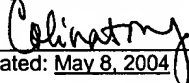
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application)	<u>PATENT APPLICATION</u>
Inventor(s):)	
SC/Serial No.:)	
Attorney Docket #:)	Art Unit:
Filed:)	
Title:)	Examiner:
Computer-Aided Group-Learning Methods and Systems)	

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to **Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450**, on May 8, 2004.

 (Signature)
Colina Tong, Dated: May 8, 2004

PRELIMINARY AMENDMENT TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

- ☒ A Preliminary Amendment.
- ☐ A Response under 37 C.F.R. § 1.111 to the Office Action dated _____.
- ☐ A Response under 37 C.F.R. § 1.116 to the Office Action dated _____.
- ☐ A Petition for an Extension of Time under 37 C.F.R. § 1.136.
- ☐ A Terminal Disclaimer.
- ☐ A Statement pursuant to 37 C.F.R. § 1.27 to establish small entity status under 37 C.F.R. § 1.9(f).
- ☐ An Information Disclosure Statement pursuant to 37 C.F.R. § 1.56.

The fee associated with this communication has been calculated as shown below:

☐ No fee is required with this communication.

☐ A fee of \$240.00 is due for the submission of the accompanying Information Disclosure Statement.

☐ A fee for addition of claims under 37 C.F.R. § 1.17 is due as follows:

Claims Remaining After Amendment		Highest Previously Paid For		Number Extra *		Large Entity Rate		
Total Claims	21	- 20	=	1	X	\$18.00	= \$	18.00
Independent Claims	7	- 7	=	0	X	\$86.00	= \$	0.00
First Presentation of Multiple Dependent Claim(s)				0	X	\$270.00	= \$	0.00
* If the difference is less than zero, enter "0".				Additional Fee = \$				18.00

The total fee required with this communication is \$18.00 and is to be paid as follows:

☐ Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this authorization is enclosed.

☒ A check in the amount of \$18.00 is enclosed.

☒ The Commissioner is hereby authorized to charge underpayment of any fees, including the following fees, associated with this communication or credit any overpayment to Deposit Account No. 50-0727. A duplicate copy of this authorization is enclosed.

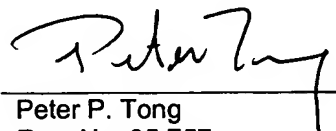
☐ Any filing fee under 37 C.F.R. § 1.16 for the presentation of additional claims.

☐ Any patent application processing fees under 37 C.F.R. § 1.17 including any applicable fee for extension time.

Respectfully submitted,

Date: May 8, 2004

By:


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Filed:)	Examiner:
Title:)	
Computer-Aided Group-Learning Methods and Systems)	

PRELIMINARY AMENDMENT PURSUANT TO 37 C.F.R. § 1.115

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Please enter the following amendment for the above-identified patent application.

05/14/2004 EFLORES 00000076 10774929

01 FC:1202 18.00 OP

Adjustment date: 05/17/2004 EFLORES

05/14/2004 EFLORES 00000076 10774929

01 FC:1202 -18.00 OP

05/17/2004 EFLORES 00000001 10729583

01 FC:1202 18.00 OP